

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2014		
Mailing Address PO Box 388			Amount 936.35		
City Alexandria		State VA	Zip Code 22313-5404		Transaction ID : E45E6C27F1EC9406A907 Date of Disbursement or Obligation MM / DD / YYYY 01 / 11 / 2014
Purpose of Expenditure IE-Bevin-Online Processing		Category/ Type 			
Name of Federal Candidate Matthew Griswold Bevin			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought 11782.55			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2014		
Mailing Address PO Box 388			Amount 1212.80		
City Alexandria		State VA	Zip Code 22313-5404		Transaction ID : EF3DB1F7BF1734B90BE8 Date of Disbursement or Obligation MM / DD / YYYY 01 / 18 / 2014
Purpose of Expenditure IE-Bevin-Online Processing		Category/ Type 			
Name of Federal Candidate Matthew Griswold Bevin			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought 13029.60			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2149.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 22 / 2014		

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NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2014	
Mailing Address PO Box 388		Amount 34.25	
City Alexandria	State VA	Zip Code 22313-5404	Transaction ID : EF2CCD4D9F36E4DFF951
Purpose of Expenditure IE-Bevin-Mail Processing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 18 / 2014	
Name of Federal Candidate Matthew Griswold Bevin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought 13029.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Allegiance Direct LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2014	
Mailing Address 421 E E St		Amount 7269.62	
City Purcellville	State VA	Zip Code 20132-3320	Transaction ID : E9D245EB40B8442E1A72
Purpose of Expenditure IE-Bevin-Direct Mail Production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 22 / 2014	
Name of Federal Candidate Matthew Griswold Bevin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought 20299.22		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7303.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Paul Kilgore

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Date

MM / DD / YYYY
01 / 22 / 2014

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rapid Response Television		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2014	
Mailing Address 4850 Wright Rd Ste 168		Amount 55200.00	
City Stafford	State TX	Zip Code 77477-4121	Transaction ID : ED9EE8805D2734B769E5
Purpose of Expenditure IE-Media Buy-Bevin	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 10 / 2014	
Name of Federal Candidate Matthew Griswold Bevin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	64653.02

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Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
01 / 22 / 2014

Signature